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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PA-9848
First Named Inventor	Knox
<b>COMPLETE IF KNOWN</b>	
Application Number	09 /869,629
Filing Date	28-Jun-2001
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NMR Spectroscopic In Vitro Assay Using Hyperpolarization**

the specification of which  
 is attached hereto  
OR  
 was filed on (MM/DD/YYYY) **06/28/2001** as United States Application Number or PCT International

Application Number **09/869,629** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
9828852.5	Great Britain	12/30/1998	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
9918096.0	Great Britain	08/02/1999	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <i>20 Neil</i>		Family Name or Surname <i>Cook</i>					
Inventor's Signature					Date		
Residence: City		State		Country	GB	Citizenship	GB
Post Office Address	Tutshill Lodge, Beachley Road, Tutshill						
Post Office Address	<i>Chepstow, Great Britain NP6 7EG GBN</i>						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <i>30 Klaes</i>		Family Name or Surname <i>Golman</i>					
Inventor's Signature					Date		
Residence: City		State		Country	SE	Citizenship	DK
Post Office Address	Nycomed Innovation AB, Ideon Malmo						
Post Office Address	<i>Per Albin Hanssons vag 41, S-205 12 Malmo Sweden SE</i>						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <i>40 Haukur</i>		Family Name or Surname <i>Johannesson</i>					
Inventor's Signature	<i>Haukur Johannesson</i>				Date	August 27, 2001	
Residence: City		State		Country	SE	Citizenship	IS
Post Office Address	Nycomed Innovation AB, Ideon Malmo						
Post Office Address	<i>Per Albin Hanssons vag 41, S-205 12 Malmo Sweden SE</i>						
City		State		ZIP		Country	

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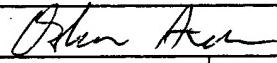
<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Neil		Cook				
Inventor's Signature	<i>H. Stock</i>					20/8/01 Date
Residence: City	Princeton	State	NJ	Country	USA	Citizenship
Post Office Address	Amersham Pharmacia Biotech Inc, 800 Centennial Avenue					
Post Office Address	Piscataway, NJ 08855-1327, USA					
City		State		ZIP		Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Klaes		Golman				
Inventor's Signature						Date
Residence: City		State		Country	SE	Citizenship
Post Office Address	Nycomed Innovation AB, Ideon Malmo					
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden					
City		State		ZIP		Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Oksar		Axelsson				
Inventor's Signature	<i>Oksar</i>					Date
Residence: City		State		Country	SE	Citizenship
Post Office Address	Nycomed Innovation AB, Ideon Malmo					
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden					
City		State		ZIP		Country

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Please type a plus sign (+) inside this box →  +**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 1 of 2

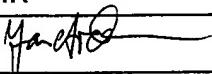
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Neil			Cook			
Inventor's Signature					Date	
Residence: City		State		Country	GB	Citizenship
Post Office Address	Tutshill Lodge, Beachley Road, Tutshill					
Post Office Address	Chepstow, Great Britain NP6 7EG					
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Klaes			Golman			
Inventor's Signature					Date	3/8/01
Residence: City		State		Country	SE	Citizenship
Post Office Address	Nycomed Innovation AB, Ideon Malmo					
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Oksar			Axelsson			
Inventor's Signature					Date	3/8/01
Residence: City		State		Country	SE	Citizenship
Post Office Address	Nycomed Innovation AB, Ideon Malmo					
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden					
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jan Henrik				Ardenkjaer-Larsen			
Inventor's Signature					Date	27-7-2001	
Residence: City		State		Country	SE	Citizenship	DK
Post Office Address	Nycomed Innovation AB, Ideon Malmo						
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country	Citizenship		
Post Office Address							
Post Office Address							
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Inventor's Signature					Date		
Residence: City		State		Country	Citizenship		
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB99/04410	12/23/1999	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact business with the Patent and Trademark Office connected therewith:  Customer Number 22840 → Place Customer Number on Bar Code Label

OR

 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number 22840 OR  Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname		
Peter	Knox		

Inventor's Signature	<i>Peter Knox</i>			Date	30.7.94
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Residence: City	State	Country	Citizenship
			GB

Post Office Address	"Choppings", 34 Kings Road, Buckinghamshire		
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Post Office Address	Chalfont St. Giles, Great Britain HP8 4HS		
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City	State	ZIP	Country

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto